

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000105024

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** NURSING CARE BY ANGELS LLC

**Current Principal Place of Business:**

2466 RALPH AVE. SE.  
PALM BAY, FL 32909 BR

**New Principal Place of Business:**

2440 EMERSON DR SE.  
PALM BAY, FL 32909 US

**Current Mailing Address:**

2466 RALPH AVE. SE.  
PALM BAY, FL 32909 BR

**New Mailing Address:**

2440 EMERSON DR SE  
PALM BAY, FL 32909 BR

**FEI Number:** 43-2092471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRINCE, CORALIE MRS.  
2466 RALPH AVE SE  
PALM BAY, FL BR US

**Name and Address of New Registered Agent:**

PRINCE, URIAL MRS.  
2440 EMERSON DR SE  
PALM BAY, FL 32909 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** URIAL PRINCE

04/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** PRINCE, URIAL MRS  
**Address:** 2440 EMERSON DR SE  
**City-St-Zip:** PALM BAY, FL 32909 US

**Title:** MGRM  
**Name:** PRINCE, CORALIE  
**Address:** 2440 EMERSON DR SE  
**City-St-Zip:** PALM BAY, FL 32909 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** URIAL PRINCE

MGR

04/27/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date